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DOD Asks Eligible Donors to Give Blood Now  
From the Armed Services Blood Program  
WASHINGTON, DC - Department of Defense blood donor centers are asking Navy and Marine Corps donors to give blood this summer to ensure DOD supplies and to assist civilian blood collection agencies experiencing unusually severe blood shortages.

"The next few months will be tough for us to keep blood supply at optimal levels," said Army Col. Mike Fitzpatrick, Armed Services Blood Program director. Summer donation levels drop as military personnel move to new duty stations and families take vacations. This, coupled with new donation standards, has impacted blood collection.

"We encourage military blood donors to give blood through the Armed Services Blood Program, which is supporting civilian requests for blood products in the current shortage," said CDR Rebecca Sparks, MSC, deputy director, ASBP. "In military communities where our program does not have blood collection facilities, we urge soldiers, Sailors, airmen, and Marines to support blood drives in their local communities."

Unlike civilian agencies, the ASBP, which provides blood products for military hospitals and military readiness purposes, is not experiencing a blood shortage now. ASBP officials attribute the fact that they have a sufficient amount of blood on hand to meet military needs to two factors.

First, DOD's current needs are much smaller than those of civilian agencies. DOD collects about 1

percent of the blood collected from Americans.

Second, military personnel donate blood at about twice the rate that civilians do. About 10 percent of eligible military donors donate; civilian blood collection agencies estimate that less than 5 percent of the eligible U.S. population donates.

However, a disproportionate number of DOD donors are deferred from giving blood under standards implemented last fall by the Food and Drug Administration, which regulates blood products in the United States, as a precautionary measure against exposure to the human form of mad cow disease.

About 18 percent of active-duty military personnel cannot donate blood because of duty assignments in the United Kingdom and Europe, according to Sparks. Because of concerns about exposure to the human form of mad cow disease, the FDA restricted donations from people who lived or traveled in these places during specified timeframes. DOD issued a policy based on that of the FDA, which defers military personnel and family members who meet any of the following criteria:

- Traveled or resided in the United Kingdom from 1980 through 1996 for a cumulative period of three months or more.

- Traveled or resided in Europe from 1980 through 1996 for a cumulative period of six months or more.

- Traveled or resided in the Europe from 1980 to the present for a cumulative period of five years or more.

- Received a blood transfusion in the United Kingdom since 1980.

- Received a bovine insulin product produced in the United Kingdom since 1980.

The deferral policy also affects military retirees and their family members who meet any of the above criteria.

DOD blood officials have begun a campaign to make personnel aware of the need to donate blood on a continuing basis. DOD also has added blood recruiting and collection personnel at its collection facilities, and encouraged commanders to support blood collection efforts.

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#### Navy Docs Help Write The Book on Bioterrorism

By Brian Badura, Bureau of Medicine and Surgery

WASHINGTON, DC - The threat of bioterrorism in today's world is very real - the anthrax attacks post 9-11 made that clear. To help medical professionals, military and civilian, prepare for such attacks, two Navy doctors have recently helped write a comprehensive reference book on bioterrorism.

CAPT Robert Darling, MC, and CDR Jerry Mothershead, MC, who recently retired, worked as part of the

editorial team for the May 2002 edition of "Emergency Medicine Clinics of North America." The professional book-sized journal, which is published quarterly, devoted this entire edition to the topic of bioterrorism.

What makes this book unique is that it addresses bioterrorism for many audiences.

"This book is pretty inclusive, in that everyone involved, from the EMT (emergency medical technicians) to the physician to the hospital administrator will find information of value," said Darling.

Preparation is the underlying message, which Darling said he emphasized for military and civilian readers after realizing its value in the Navy.

"I learned during my first tour on a carrier that you need to be prepared for the worst, because you may be thrust into a role you never expected once the worst happens," he said.

Bioterrorism is nothing new, with documented evidence tracing the warfare tactic back to Biblical times and beyond. The twelve chapters cover subjects such as today's most preeminent bioterrorism threats, laboratory issues, medical management, triage issues, and mental health aspects.

Darling first became aware of the need for information on bioterrorism while working as the White House physician. In 1999, he decided to team with Mothershead and other civilian and military experts on the subject to compile the comprehensive manual.

"We have a very diverse base of experience and wanted to help put this knowledge in the hands of those who need it," said Mothershead.

Currently, Darling is serving at the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID). Mothershead is working as a medical consultant.

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#### Great Lakes Dental Center and Corps School Team To Quit Tobacco

By CAPT Larry Williams, DC, Great Lakes Naval Dental Center and Brian Badura, Bureau of Medicine and Surgery

GREAT LAKES, Ill. - A big complaint many tobacco users have with quitting is difficulty in attending support counseling sessions because of their busy schedules.

To make quitting more convenient, Great Lakes Naval Dental Center has teamed up with the Naval Hospital Corps School to offer an on-site one-on-one tobacco cessation program for NHCS staff and students.

The program grew out of the Department of Defense Primary Care Tobacco Cessation Guidelines issued in September 2001, which promote the use of one-on-one counseling to help tobacco users kick the habit.

Because Corps School training is very intense and time consuming, the NHCS program was developed to make tobacco cessation assistance available to students and staff members when their schedules allowed.

"The training of our future corpsmen, especially as peer health educators, is extremely important," said CAPT Larry Williams, DC, Great Lakes Naval Dental Center. "It is very evident that from day one of Hospital Corps School, the Navy's newest corpsmen must understand that they are role models of health."

Now, with this team effort delivering one-on-one tobacco cessation counseling at the school, it's easier for students and staff to attend and start on the road to becoming tobacco free role models for their shipmates.

Assistance is offered during five sessions spread over an eight-week period, and tobacco users of all kinds are encouraged to join the program. During that time, participants receive counseling, tobacco cessation medications and supplemental literature.

"The Naval Hospital Corps School fully supports this new initiative for the students," said CAPT Gerald Boechler, NC, NHCS commanding officer. "We now have the capability to help our students and staff become tobacco free with minimal impact on our mission of training. This effort is a win-win for everyone involved."

Training independent duty corpsmen assigned to the Naval Hospital Corps School in primary care cessation makes the tobacco program possible. HMCS James Delvaux has been instrumental in getting the program started.

"This type of tobacco cessation program is great," he said. "It allows the patient and the provider the chance to develop a closer relationship in the quitting process - something you don't often have time to do in the classroom tobacco cessation programs."

So far, 35 students and staff have signed up for the three month old program.

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#### Corpsman Saves Girl

By HMC(SCW) Dianne Lohner, Naval School of Health Science San Diego

SAN DIEGO - What started out as routine exercise with his running club for HMC(SW/FMF) Rickie Sorenson ended up being a matter of life or death.

Sorenson, an instructor at Naval School of Health Science San Diego, was running through a local park when he heard the piercing screams of a child in pain. A quick search found an 11-year-old girl lying across some rocks in a small stream complaining of back pain. After calming the girl down, Sorenson quickly and carefully checked her over for injuries. He found she had fallen on an 8-inch semicircular piece of glass, which was now embedded in her lower back.

He continued to reassure the girl and her mother until a helicopter ambulance flew her to a local children's hospital for surgery.

A letter from the girl's mother to Sorensen's commanding officer said that doctors told her that the initial care her daughter received from Sorenson most likely saved her life and kept her from being paralyzed.

"(Sorensen) will always be a hero in our eyes," wrote the girl's mother. "I only wish that we could recognize his courage adequately to thank him for the life my little girl will still get to experience."

Sorenson was awarded the Navy and Marine Corps Achievement Medal for his actions.

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Comfort Staff Performs Surgery Underway  
By JO2 Ellen Maurer, USNS Comfort

ABOARD USNS COMFORT - While underway to the Baltic region for joint medical training exercise RESCUER/MEDCEUR 02, a shipboard medical team performed this mission's first underway surgery.

CDR Mario Diaz, MC, who is regularly stationed at the National Naval Medical Center Bethesda, performed the one-hour procedure to drain an infection in the abdomen of a Sailor aboard the ship.

LCDR John Elkas, MC, assisted in the surgery, which took place in one of the ship's 12 operating rooms. When not deployed on Comfort, Elkas is assigned to Bethesda and Walter Reed Army Medical Center in Washington, DC, as part of the military's resource sharing and cross training medical program.

The patient is expected to make a full recovery.

The last time a surgery was performed aboard Comfort was during the ship's 1998 mission to the Baltic region for a similar training exercise.

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Yokosuka Navy Medical Team Drills with Army  
By Bill Doughty, U. S. Naval Hospital Yokosuka, Japan

YOKOSUKA, Japan - Smoke bombs simulate the crash of two Blackhawks in a gray rain. Dozens of casualties in gory Hollywood make-up add realism. A recent disaster drill at Camp Zama Army Base in Japan provided an opportunity for Yokosuka Naval Hospital's SMORT - Special Medical Operations Response Team - to respond.

SMORT is a specially equipped cadre of doctors, nurses, and corpsmen who are trained as first responders, ready to follow the local fire department.

At Zama, Japanese firefighters hosed down the "smoldering" helicopters and dragged pilots and passengers away from the wreckage to a medical triage area.

"We had multiple casualties that overwhelmed our system," said Master Sgt. Carlos Fraire, chief medical

non-commission officer at the Camp Zama Clinic. "So, what we would do in that situation is call Yokota (Air Force Hospital) and Yokosuka (Naval Hospital) and ask for medical augment teams to help us evacuate casualties."

According to LCDR Cary Harrison, MC, an ophthalmologist and SMORT team leader, "We train like this because our goal is to be able to meet an actual emergency. And, it doesn't matter how much you talk about it in the classroom, until you actually go out there and work out the kinks . . . all the classroom time won't do you any good at all. Every time we do this we get just a little bit better."

At Zama the Navy Medicine readiness team worked together with Army counterparts in the field, triaging and evacuating casualties. Harrison and her crew moved some of the critical casualties to waiting helicopters to simulate aeromedical evacuation to U. S. Naval Hospital, Yokosuka, Japan.

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#### Landing Force CARAT Doctors Aid Malaysian Village From Landing Force Cooperation Afloat Readiness and Training

PALOH NILAI, Malaysia - Marines and Sailors from Landing Force Cooperation Afloat Readiness and Training recently conducted a medical and dental civic action project with members of the Malaysian Army Medical Corps at Paloh Nilai, Malaysia.

From the moment the U.S. trucks rolled into the small village, curious townspeople peered out of their homes. As the Sailors and Marines began off-loading supplies and setting up a makeshift hospital, a small crowd started to form, consisting mostly of children acting as the village reconnaissance team.

The small isolated village is nestled within the rolling hills of Malaysia, where the townspeople collectively work the palm tree fields and collect the trees' nuts, which are processed to produce palm oil.

As U.S. and Malaysian servicemembers worked side by side to finish offloading their vehicles, the building that was once known as Town Hall was in minutes transformed into a fully functional medical facility before the waiting patients' eyes.

"We had a really good interaction between the U.S. Navy medical side and the Malaysian Army," said HM2 Isidoro Dacquel, L Company, 3rd Battalion, 3rd Marine Regiment, 3rd Marine Division. "It reflected good relations with the community. A lot of people don't have any idea why we are here, or how the U.S. military functions, and I think this said a lot for us."

The 'hospital for a day' included three dental stations, examination tables, a patient recovery section, a pharmacy, and a waiting room for the patients

to relax until it was their turn to be seen.

Dentists and technicians cleaned, pulled, drilled, and filled teeth, expediently leaving townspeople with gauze-filled smiles.

On the medical side, doctors sat down with patients and reviewed their medical histories and current health problems and prescribed medication. No medical procedures were required with the townspeople, just prescriptions of antibiotics, ointments, vitamins, and over-the-counter medications to help with minor injuries, aches and sore muscles and joints.

In the end, the combined team of Malaysian and U.S. doctors treated more than 150 townspeople and built a strong friendship with the people that will last for years to come.

"Most of these people don't get to see the real U.S. military. All they know is what they have seen on television," Dacquel explained. "The U.S. military has amazing medical capabilities, and I think this opened a lot of eyes to a different side of our military."

Approximately 300 Marines and Sailors from 3 Marine Expeditionary Force deployed from Okinawa, Japan, as part of CARAT, an annual series of bilateral training exercises with Brunei Darussalam, Malaysia, Thailand, Indonesia, Singapore and the Philippines. LF CARAT is part of a force of 1,400 U.S. personnel involving the Marine Corps, Navy, Coast Guard and Army.

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## Hollywood Visits Naval Medical Center San Diego

By JO2(SW) Terrina Weatherspoon and Claire Foster, Naval Medical Center San Diego

SAN DIEGO - When last we saw our intrepid hero, LT Bud Roberts, JAGC, of the television series JAG he had just lost his leg to a landmine. How will he be able to cope not only with the loss of his leg and a completely different life as an amputee? And is "Bud" gone from the series for good?

Interested in an accurate representation of Navy procedures, a team of JAG writers came to Naval Medical Center San Diego recently to investigate the possibilities for Bud's recovery and rehabilitation.

Series senior writer Steve Smith focused mainly on making sure that decisions they wanted to make for the character wouldn't compromise the show's credibility. Later in the show, the character will return home to a house his wife bought without him and will face a number of physical challenges presented by the new house.

CDR Gregg Ziemke, MSC, San Diego's physical/occupational therapy department head spent time with the writers talking about the healing time of an amputee and the normal activity progression. He took the team on a tour of the physical therapy facilities, showing the different pieces of equipment, such as

exercise balls, treadmills and stationary bicycles and model staircases. Ziemke also demonstrated how an amputee's gait would change as he or she became accustomed to their prosthetic.

The writers also wanted to know how the amputation may affect Roberts mentally, and how it may affect the relationship with his wife and three-year-old son. CAPT Michael Bailey, MC, a psychiatrist, and psychologist CAPT Freda Vaughan, MSC, were on hand to answer questions relating to the potential mental health issues of the patient. Of particular interest were questions relating to depression, phantom limb pain and the therapeutic value of returning to productive work.

CDR Lynn McNees, JAGC, San Diego's legal officer, also answered questions regarding how an active duty amputee might be placed on Limited Duty status and how Bud might reintegrate into office routine.

The writers also met with Marine Cpl. Stephen Sullivan. Sullivan, the victim of a January helicopter crash, sustained injuries similar to JAG character Roberts'. However, Navy Medicine was able to save Sullivan's leg and he will be able to regain most of its strength and mobility. Sullivan gave a personal narrative about the long road back to personal well-being.

"I'm not even sure if we are asking the right questions," said writer Phil DeGuere. "But it's not even about the questions. It's more about being in the presence of real Sailors and Marines and seeing it from their eyes. It's truly a great experience."

JAG's next season will have a significant focus on Navy Medicine and will likely include more site visits to Naval Medical Center San Diego for more information on Bud's rehabilitation and whether his injury will force the end to his naval career.

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#### Medical Waste Takes on Military Softball

PENSACOLA, Fla. - The military's finest softball teams are gathering in Pensacola this week for the 11th annual Military World Series softball tournament, and among them will be Navy Medicine's own Medical Waste softball team from Naval Hospital Pensacola.

According to HML Travis Hatten, Medical Waste's coach, the team will have a home field advantage.

"This gives us a great opportunity to put our skills up against some of the best in the military," Hatten said. "I know our team is ready for the challenge."

The championships are scheduled for July 18-21. More than 50 teams are scheduled to compete.

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#### HealthWatch: Physicals Are Back-to-School Ritual



By Brian Badura, Bureau of Medicine and Surgery

While summer vacation is in full swing, before you realize it, it will be time for the kids to get ready for school. To get a jump on the back-to-school rush, schedule your child's annual physical exam now to avoid potential problems later. Many school systems require parents to provide proof of a complete physical given at some time during the past 12 months.

"The main reason schools require physicals is to make sure immunizations are up to date and children are in good overall health," said CAPT Cynthia Williams, MC, Navy specialty leader for family practice medicine.

Annual physicals should entail more than a quick look down the throat and putting a stethoscope on a child's chest. A thorough exam is often crucial in detecting potential problems before they fully develop.

"Annual physicals can help to detect problems associated with school age children, such as developmental problems and hypertension," said Williams.

Physicals often start with a check of the child's height and weight, along with an assessment of vital signs such as blood pressure, pulse and temperature.

The next step typically includes that look down the throat, and also into eyes, ears and nose. A healthcare provider will also listen to the heart and lungs, and make a general check of the abdomen.

Your child may have blood drawn to check for the presence of chronic disease or iron deficiency. An analysis of urine can also be a routine part of a physical exam.

Be sure to check your child's immunization record and have any necessary vaccinations administered at the time of the physical.

Williams also recommends having allergies documented, like medications or insect stings, so the school is aware of your child's condition.

No matter when you visit the doctor's office, be sure to ask questions and share observations about your child's health and behavior. This can help aid in proper diagnosis of potential problems.

As an example, a child who initially appears to have attention-deficit disorder may actually have an eye problem, which means they can't see the board and complete assignments listed on it.

The school year will be here in no time. Take this opportunity to schedule an annual physical examination for your child today if you haven't done so already.

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